

- ☐ The fee is calculated below on the basis of the highest number of claims already paid for in this application prior to this submission:

| | | | | | FEES |
|--|---------------|----|--------------|--------------|----------------|
| Examination Fee (1801) | | | | | \$ 810 |
| | No. of Claims | | Extra Claims | Rate | |
| Total Claims | 18 | 20 | 0 | x 50 (1202) | \$ 0 |
| Independent Claims | 4 | 3 | 1 | x 210 (1201) | \$ 210 |
| If multiple dependent claims are presented, add \$ 370 | | | | | \$ 0 |
| Total Fee | | | | | \$ 1020 |
| <input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Application Fee | | | | | \$ 0 |
| TOTAL FEE DUE | | | | | \$ 1020 |

4. ☐ Charge _____ to Deposit Account No. **02-4800** for the fee due.
5. ☐ A check in the amount of _____ is enclosed for the fee due.
6. ☒ Charge \$ 1020 to credit card for the fee due. Form PTO-2038 is attached.
7. ☐ Applicant(s) requests suspension of action by the Office until at least _____, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
8. ☒ The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BUCHANAN INGERSOLL & ROONEY PC

Date: October 31, 2007

By:

SD. Boone

Travis D. Boone

Registration No. 52635

P.O. Box 1404
Alexandria, VA 22313-1404
703 836 6620

The PTO did not receive the following
listed item(s) C. Card for \$1020.00
but we did receive
\$ 810.00